of the biologic agents currently utilized in the United States for this indication (adalimumab, alefacept, efalizumab, etanercept and infliximab). Model results were displayed for a time horizon of one year based on a switch to an appropriate alternate biologic agent in the event of suboptimal clinical response. Multiple one-way sensitivity analyses were conducted. **RESULTS:** Across all the biologics evaluated there are significant differences in PASI 75 response at 12 weeks versus longer term (ranging from 59% to 20% across the agents at the end of one quarter of treatment and at the end of four quarters of treatment, respectively). The cost per PASI 75 was observed to be $26,460, $31,191, $28,217, $30,544 and $30,983 for therapy initiated with adalimumab, alefacept, efalizumab, etanercept and infliximab, respectively. **CONCLUSION:** While there are significant differences in the cost of the studied biologic agents initially, the CE results tend to converge over the first year of treatment. Further research needs to be conducted to evaluate the CE of treatment beyond a one-year period.

PSS19

A PHARMACOECONOMIC EVALUATION OF PEGAPTANIB FOR THE MANAGEMENT OF AGE-RELATED MACULAR DEGENERATION (AMD) IN MEXICO

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OBJECTIVE: In western countries AMD is considered one of the most important causes of blindness among persons over 65 years old. The purpose of this study was to determine the cost-effectiveness of pegaptanib vs verteporfin in the treatment of AMD from the health care payer's perspective. **METHODS:** A seven-stage stochastic Markov model based on visual acuity (VA) in the better seeing-eye (stages: with clinical benefit, VA>20/40; VA:20/40–20/; VA:20/100–20/160; VA:20/200–20/500; VA < 20/500 and legal blindness) was performed during a five-year period. Effectiveness measure used in the assessment was the probability to gain at least one-level of VA at the end of the follow up period. Effectiveness data was obtained from international published literature. Comparators used in the model were pegaptanib 0.3 mg (8 sessions) and verteporfin 15 mg (10 sessions). Resource use and cost data were obtained from hospital records and official institutional databases from the Social Security Mexican Institute (IMSS). Costs and health outcomes were discounted with a 3% annual rate. The model was calibrated. Probabilistic sensitivity analyses were performed to determine the results robustness. **RESULTS:** Patients who received pegaptanib experienced a higher probability to gain at least one level of VA(57.4%; CI95%:52.26%–62.54%) compared with patients treated with verteporfin (13.8%; IC95%:10.61%–16.99%) considering an initial VA state of ">20/40"($p < 0.001$). Mean total costs per patient were higher in patients who received pegaptanib compared to those who received verteporfin (US$6749; CI95%:US$6401–US$7096 vs. US$6311 CI95%:US$5948–US$6674; respectively). The ICER in patients receiving pegaptanib compared to those receiving verteporfin was US$1004 (CI95% US$926–US$1090). Sensitivity analyses found that pegaptanib is a cost-saving strategy when the numbers of sessions given to the patients are less than three. **CONCLUSION:** The results show that in Mexico, pegaptanib is a cost-effective therapy for AMD when is compared with verteporfin. These results should be taken into account by Mexican decision makers in the management of patients with AMD.

PSS20

COST-EFFECTIVENESS OF TOBRADEX VERSUS ZYLET FOR THE TREATMENT OF BLEPHAROKERATOCONJUNCTIVITIS

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OBJECTIVE: Blepharokeratoconjunctivitis (BKC) is a disease characterized by inflammation of the eye lid, conjunctiva and cornea and is typically treated empirically with topical antibiotic/anti-inflammatory agents. The purpose of this study was to compare the cost-effectiveness of tobramycin 0.3%/loteprednol 0.5%, (Zylet) to tobramycin 0.3%/dexamethasone 0.1%, (Tobradex) for the rapid control of BKC. **METHODS:** Effectiveness data for this analysis came from a randomized, double-masked, parallel-group study of forty patients with BKC. Patients were treated with either Zylet™ or Tobradex® administered twice daily in the test eye. The measure of effectiveness used was the change in a clinical composite score of four BKC components: blepharitis, ocular discharge, conjunctivitis, and corneal punctuate epithelial keratopathy (PEK). Each clinical component was graded on a scale of 0 (minimum) to three (extensive) and assessed at baseline and on day 4 (±1) of therapy. Five different pharmacy chains were surveyed as to their prices for a 5ml bottle of both Tobradex and Zylet. The average price of each agent was used as the cost measure in the analysis. A probabilistic sensitivity analysis evaluated the robustness of the economic outcomes. The economic perspective was that of the payer. Due to the short time span no cost discounting was performed. **RESULTS:** Reductions in the BKC clinical composite scores at the day-4 assessment were calculated at 4.5 (SD ± 1.7) versus 7.1 (SD ± 1.2) for the Zylet and Tobradex groups, respectively. The average retail costs for Zylet and Tobradex were $96.45 (SD ± $5.26) and $71.75 (SD ± $5.48) respectively. The cost-effectiveness ratios for Zylet and Tobradex therapy were $21.43 and $10.10, respectively. The cost-effectiveness results remained consistent using the probabilistic sensitivity distributions tested. **CONCLUSION:** Tobradex economically dominated Zylet for the rapid control of BKC because it was both less costly and more effective.

PSS21

COST OF ILLNESS OF WORK-RELATED CHRONIC HAND ECZEMA IN GERMANY

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OBJECTIVE: In Germany, 26% of reported and 36% (= 8'460) of confirmed work-related diseases are skin-related, in over 90% of these cases hands are affected. However, there is a lack on comprehensive information on costs associated with chronic hand eczema (CHE). The objective of this study was to assess the direct and indirect costs of CHE. **METHODS:** Data on 151 Patients with occupational skin diseases entering a special rehabilitation program were assessed for the preceding 12 months. Data were derived from patient records and direct patient information. Descriptive analyses from a societal perspective was performed for all patients and by physician-rated severity (severity group 1: no/mild; group 2: moderate/severe). DGUV (German Statutory Accident Insurance) was the payer for all patients. **RESULTS:** Mean age was 44.9 years, 64.9% of patients were male. Total mean annual costs amounted to €8.160 (95% CI: 6.395–9.925) per patient. Indirect costs represented 75% of total costs, in-patient-rehabilitation 14%. Each other factor (out-patient services, diagnostics, drugs, complementary therapies, out-of-pocket expenses) contributed < 3% to overall costs. Disease severity influenced QoL significantly (DLQI-score of severity group 1: 7.9,

95% CI 6.5–9.3; group 2: 12.9, CI 11.3–14.4) but not direct treatment costs (€2.033 vs. €1.991 respectively). There was a trend for higher indirect costs in patients in severity group 2 (€5.120, CI €2.717–€7.523 vs. €6.796, CI €3997–€9596). **CONCLUSION:** Total annual costs of new cases covered by DGUV with confirmed occupational etiology is estimated to amount to €55 million, considering also patients with suspected occupational etiology increases costs to €96 million. Total costs of prevalent cases can be expected to amount to multiples of this figure. Disease severity, although impacting patient's QoL, has little influence on treatment patterns and costs. Indirect costs, by far the most important cost factor, tend to increase with severity.

PSS22

THE ANNUAL COST OF BACTERIAL CONJUNCTIVITIS IN THE UNITED STATES: EVIDENCE FROM AN ECONOMIC MODELLING APPROACH

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OBJECTIVE: The aim of this study was to determine the annual direct costs of treating bacterial conjunctivitis (BC) in the United States. **METHODS:** A systematic review of the medical literature was supplemented with information from detailed physician interviews on resource utilization associated with bacterial conjunctivitis therapy in the United States. Data on the annual incidence of BC was obtained from an analysis of the National Ambulatory Medical Care Survey (NAMCS) database for the year 2005. Cost estimates for resource utilization such as physician visits and prescription drugs were taken from standard cost reference sources. Due to the acute nature of BC no cost discounting was performed. The economic perspective presented is that of the payer. All costs are expressed in 2007 USD. **RESULTS:** The number of BC cases in the United States for 2005 was estimated at 4,016,544, yielding an estimated annual incidence rate of 135.46 per 10,000. Base-case analysis estimated the direct cost of treating patients with bacterial conjunctivitis in the United States at US$765,063,696. One-way sensitivity analysis assuming either a 20% variation in the annual incidence of bacterial conjunctivitis or treatment costs generated a cost range of US$612,050,957 to US$918,076,435. Two-way sensitivity analysis assuming a 20% variation in both the annual incidence of bacterial conjunctivitis and treatment costs occurring simultaneously resulted in an estimate cost range of US$489,627,912 to US$1,101,711,002. **CONCLUSION:** This study reports the first known estimate of the direct costs of treating and managing patients with bacterial conjunctivitis in the United States. The economic burden of this condition is substantial. Our estimates represent conservative amounts because indirect costs were not considered in the analysis. This information may prove useful to decision makers with respect to the adequate allocation of health care resources necessary to address the economic burden of BC in the United States.

PSS23

PROACTIVE USE OF TACROLIMUS 0.03% OINTMENT IN CHILDREN WITH MODERATE OR SEVERE ATOPIC DERMATITIS—OUTCOMES AND COST

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OBJECTIVE: To describe treatment outcomes and to evaluate resource utilization and associated cost of proactive use of tacrolimus ointment (PU) versus standard use of tacrolimus ointment (SU) in children with moderate or severe atopic dermatitis (AD) over a period of 12 months. **METHODS:** A pan-European, phase III multicentre randomized clinical trial FG-506-06-41 'CONTROL' was conducted. After randomization patients (2–15 years old) applied tacrolimus 0.03% ointment (PU) or vehicle ointment (SU) at the usually affected areas twice per week for 12 months. Disease exacerbations were treated using open-label tacrolimus 0.03% ointment twice daily. Resource utilization data (e.g. for ointments, drugs, doctor consultations, out-of-pocket-expenses, absence from school) were collected alongside the clinical trial by caregiver questionnaires, prospectively. Costs of pooled resource data were determined using German unit cost data. Direct and indirect costs were considered from third party payer (TPP), caregiver, and societal perspectives. **RESULTS:** 146 patients were included in the analysis, 75 PU patients (53% moderately affected) and 71 SU patients (51% moderately affected). Mean age of patients was 7 years (SD 3.9/4.5) in both treatment groups. Mean + SD body surface area in both groups was 1.0 + 0.4 m2. The mean number of disease exacerbations requiring substantial therapeutic intervention in the PU and SU arms was 1.7 + 2.2 and 3.4 + 3.2 ($p < 0.001$), respectively. In patients with severe AD the mean total annual cost per patient was higher in the standard regimen €2,002 + 2,315 compared to PU €1,571 + 1,122. In the subgroup of severely affected 2–6 year-old patients these cost differences were larger in favour of tacrolimus ointment: €1,465 + 837 (PU) versus €2,253 + 2,855 (SU). In moderately affected patients there were no cost differences: €1,233 + 1,507 (PU) and €1,136 + 1,494 (SU). **CONCLUSION:** Proactive treatment with tacrolimus 0.03% ointment is more effective and leads to cost savings in comparison to standard treatment with tacrolimus 0.03% ointment, especially in children with severe AD.

PSS24

TRENDS IN EPISODE OF TREATMENT COSTS OF ACNE ACROSS THE UNITED STATES

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OBJECTIVE: Acne is a common dermatological condition and impacts millions of adolescent and adult lives in the United States (US). The purpose of this study was to accurately quantify the cost per episode for the treatment of acne in the US and to examine disparities in treatment costs. **METHODS:** Information was collected from the PharMetrics Integrated Patient-centric Database, a large collection of administrative claims in the year 2004. The database included more than 80 public and private health care plans included in the database, representing approximately 9.6 million unique patients. Analysis was performed using the Total Resource Utilization (TRU) Benchmarks process, a descriptive methodology which organizes and separates information from the third-party database, into accessible benchmarks for comparison. **RESULTS:** There are many different drug treatment therapies that can be used to treat acne which can range in price dramatically. The average acne episode cost $777.19, with pharmacy costs representing 59.5% and outpatient costs representing 39.1%. Inpatient services were reported in only 0.1% of acne episodes and were associated with $9,297.56 in costs. For patients diagnosed with acne, pharmacy visits represented 85.5% of all episodes. Average outpatient costs were $303.99, attributable to 3.73 outpatient services with 2.18 of these services were physician visits. The lowest average total episode costs were found in the South-central region and were $624.05. The highest